TCV ALUMNI ASSOCIATION CANADA MEMBERSHIP FORM

Name:		
Address:		
H:	W:	Cell:
Email:		
Best time to reach me by phone: Morning ☐ from -------A.M. to ---------A.M. Evening ☐ from -------P.M. to ----------P.M. Weekend ☐		
TCV INFO:		
Roll No.	Home No.	Home Mother/Father
School Name:		
Year of Graduation/Leaving TCV:		
If ex-TCV Staff Member, your occupation:		
Favorite Teacher/Student:		
Best Friend While in TCV:		
Special Talents and Skills:		
Signed	Dated	

OFFICE USE (Don't fill up)

TCVAA CANADA MEMBER: YES / NO	
MEMBERSHIP ID NUMBER	
MEMBER SINCE YEAR	

N.B. Information collected is protected and kept confidential as required by Canadian law.